

COMMUNITY PHARMACY LOCALLY NEGOTIATED SERVICES 2025 – 26

Service Level Agreement

Treatment of Patients and Partners for Chlamydia or Non-specific Gonococcal Urethritis (NGU)

Developed by	Community Pharmacy Development Team Chalmers Partnership Primary Care Contracts Team
Version Number	3
Effective Date	1 st April 2025 - 31 March 2026
Review Date	July 2024

Document Revision Control	
Version 1	+ SMS Details + Updated Contact details + Remuneration

Contents	
Service Aim	Page 2
SMS Voucher	Page 2
Roles & responsibilities of the Contractor	Page 2
Roles & responsibilities of service provider	Page 3
Responsibilities of both parties	Page 3
Remuneration	Page 3
Training & other resources	Page 4
References	Page 4
Appendix 1 – Payment Claim Form	Page 5

Service Aims

The aim of the scheme is to provide treatment to individuals with a diagnosis of chlamydia or non-gonococcal urethritis (NGU) and their partners via a community pharmacy, using a patient group direction.

Individuals are normally holders of NHS Lothian electronic text message vouchers but may on occasion hold a paper voucher.

Service description

This service will enable individuals and their sexual partners to be treated for chlamydia infection or NGU via community pharmacies using a voucher provided by the NHS Lothian Sexual Health Service, as above.

The service allows for individuals testing positive for chlamydia or identified as having NGU by the Sexual Health Service to choose to access their treatment via community pharmacy using an electronic SMS or paper voucher. It also allows them to choose to give their partner(s) an electronic SMS or paper voucher that they will take to a participating pharmacy. The voucher will state that either they or their partner have a diagnosis of chlamydia or NGU and should be treated (as per Lothian Joint Formulary guidelines) with doxycycline 100mg twice daily for 7 days, and offered the appropriate counselling.

The SMS voucher will appear as:

Chalmers chlamydia treatment voucher: AN..... Show this message to your pharmacist. For participating pharmacies and further advice visit: <https://bit.ly/3qHD4lq> To ask questions please call 01315362108. Voucher expires 14 days after date of message.

Or if contact will appear as:

Voucher CON.... valid until 16/08/23.

Ask your contact to take this to a pharmacist to get treatment for Chlamydia.

For participating pharmacies & leaflet:

<https://www.lothiansexualhealth.scot/stis-s>

ROLES AND RESPONSIBILITIES OF THE CONTRACTOR

- Must sign the SLA agreement and return the contract agreement to loth.communitypharmacy.contract@nhs.scot
- Is responsible for ensuring that staff involved in the provision of the service are aware of and operate within the service specification and ensure all staff are trained in the operation of the service.
- Ensure that they have procedures in place to identify and manage the risks involved in providing and managing prescribing pharmacy services as detailed in GPhC Guidance [In practice: Guidance for pharmacist prescribers \(pharmacyregulation.org\)](https://www.gphc.org.uk/guidance/in-practice-guidance-for-pharmacist-prescribers)
- Have procedures in place to ensure the whole pharmacy team provide safe & effective care and pharmacy services as detailed in the GPhC Guidance for contractors; [Guidance to ensure a safe and effective pharmacy team](#)

- Notify NHS Lothian Primary Care Contracts Team (PCCT) of any change in contracted opening hours or any other relevant changes that may affect the service.
- Will notify the NHS Lothian Primary Care contracts Team of any changes in circumstances whereby they can no longer deliver the service.
- Ensure premises can provide a sufficient level of confidentiality and safety as agreed on a local basis and include the availability of a consultation room or private area to enable client's right to privacy.

Responsibilities of the Pharmacy Team

- Ensure service provider has signed and operates within the Patient Group Direction – Supply of Doxycycline for Treatment of Chlamydia and NGU, Contacts of chlamydia or contacts of NGU. Any individual who operated out with the PGD will be liable for their actions
- Offer the service in a non-judgemental and sensitive manner. The pharmacy contractor has a duty to ensure that all pharmacists and staff involved in offering the service have relevant knowledge and are appropriately trained in operation of the service and use of locally agreed protocols
- Records must be maintained within the pharmacy in accordance with local NHS record retention policy. Pharmacists may occasionally have to share information with other health care professionals in line with locally agreed confidentiality protocols
- The pharmacist will dispense the doxycycline by generating a label via the PMR. A prescription does **not** need to be generated by the pharmacist.
- Only generic Doxycycline should be provided unless a Medicines Shortage Alert Notice has been issued locally, in which case branded will be permitted.
- Retain and submit treatment vouchers/codes for monthly remuneration (Appendix 1). Submissions out with a 3-month period will not be remunerated. The name address and CP number must be added to the form along with voucher details. Any paper voucher(s) should be attached to the claim form and any text voucher number(s) should be entered onto the claim form. This allows the team at Chalmers to determine the number of individuals opting for treatment in this way.

Both Parties agree that:

- The service will be reviewed annually. Any alterations, revisions, or additions to this agreement, jointly agreed, will be recorded by way of a formal amendment of this SLA.
- 12 weeks' notice is required to terminate this SLA either by NHS Lothian or the contractor.
- This agreement may be terminated with 12 weeks' notice on either side if it can be established that either side is in default on substantive issues within the agreement and that such an issue cannot be remedied within an agreed period.

Remuneration

Pharmacies will receive a £12.50 fee for treating each sexual partner, in addition to the corresponding current Scottish Drug Tariff price for doxycycline.

This fee will be payable upon receipt of the completed claim form by the co-ordinating health adviser team.

Pharmacists should either e-mail the claim form to:
ChalmersHealthAdvisers@nhslothian.scot.nhs.uk

OR

Post to:
Health Advisers
Chalmers Sexual Health Clinic,
2a Chalmers Street,
Edinburgh
EH3 9ES.

Direct telephone for enquiries:
0131 536 2108

Chalmers Pharmacy Partnership -Treatment of patients and partners for chlamydia or NGU is an additional pharmaceutical care service and may only be provided by a pharmacy contractor approved by NHS Lothian to provide that service.

Training/ organisation

No additional training is required to provide this service.

Patient Information Leaflets and information for health professionals regarding chlamydia and NGU are provided to each community pharmacy providing the service. There is also information relating to the service, for both professionals and the public, on the Chalmers Sexual Health Website, available at
<http://www.lothiansexualhealth.scot.nhs.uk/stis-sti-testing/types-of-sti/chlamydia/treatment-vouchers>

Useful references

<https://www.communitypharmacy.scot.nhs.uk/nhs-boards/nhs-lothian/patient-group-directions-pgds/>

Appendix 1

COMMUNITY PHARMACY PAYMENT CLAIM FORM

Doxycycline Treatment of Uncomplicated Chlamydia Infection or NGU

Please complete this form on a monthly basis and either return by e-mail to: ChalmersHealthAdvisers@nhslothian.scot.nhs.uk

OR

Post along with any paper treatment vouchers to:
Health Advisers, Chalmers Centre, 2a Chalmers street, Edinburgh EH3 9ES

NB: NO PAYMENT CAN BE MADE WITHOUT THE TEXTED UNIQUE VOUCHER NUMBERS OR THE PAPER VOUCHERS

Please enter text voucher numbers below

Service provided	Fee applicable	No of times service provided month of claim	Total claimed (£)
Provision of treatment	£12.50		

Name of participating pharmacy:

Address:

Phone Number:

Contractor shared mailbox address:

Date:

Authorised signatory for participating pharmacy:

Print name:

Signature:

Payment authorised by:

Cost Centre/ account code:

Name:

Business manager, Chalmers Centre

Date: